

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.orgWeb site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
YOUNG	PAUL	Y.	(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 599-2879
707 RICHARDS STREET, PH2			EMAIL pyoung@hah.org
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
HEALTHCARE ASSOCIATION OF HAWAII			(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 599-2879
707 RICHARDS STREET, PH2			EMAIL
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	

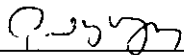
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HEALTHCARE ASSOCIATION OF HAWAII			(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 599-2879
707 RICHARDS STREET, PH2			EMAIL
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
LESLIE T. HO			(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 599-2879
707 RICHARDS STREET, PH2			EMAIL lho@hah.org
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

12/19/12

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

EMILIE SMITH

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

CHAIR, BOARD OF DIRECTORS

NAME OF ORGANIZATION (if applicable)

HEALTHCARE ASSOCIATION OF HAWAII

TELEPHONE

(808) 521-8961

MAILING ADDRESS (Street)

707 RICHARDS STREET, PH2

FAX (808) 599-2879

EMAIL

(City)

HONOLULU

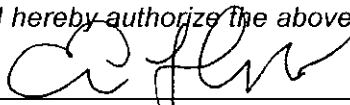
(State)

HI

(Zip Code)

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

12/19/12

(Date)